2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003704

1. Entity Name
THE CLYDE MORRIS PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
675 N. BEACH ST. ORMOND BEACH, FL 32174	P O BOX 730086 ORMOND BEACH, FL 32173 US

01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3391418
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLUB, PAUL F JR
675 N. BEACH ST.
ORMOND BEACH, FL 32174

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000540173
05/10/06-80008-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLUB, PAUL F JR
STREET ADDRESS	POST OFFICE BOX 730086
CITY-ST-ZIP	ORMOND BEACH, FL 321730086
TITLE	STD
NAME	CULLEN, JOHN F JR
STREET ADDRESS	1199 W. GRANADA BOULEVARD
CITY-ST-ZIP	ORMOND BEACH, FL 32175
TITLE	D
NAME	SWEET, JEFEREY C
STREET ADDRESS	149 E. INTERNATIONAL SPEEDWAY BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/24/06 386-677-7617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #